Practice Insight®

Rev Date 07/30/2019
Rev Type NPF

Commercial ERA Payer	**VA COMMUNITY CARE NETWORK (VACCN)** **Enrollment Instructions – ERA**
Payer Info	This payer sends confirmation when ERA setup is approved. **Yes** ✓ **No** Once ERAs begin coming in, this serves as confirmation of the 835 ERA setup.
Checklist of Requirements	✓ The billing provider must have a Practice Insight EDI customer account number with billing provider Name, Tax ID and NPI. ✓ ERA Authorization Letter is required if this request is to **"CHANGE"** ERA setup.
Information needed to enter this paperless request into Enrollment Manager.	Billing Provider Tax ID Billing Provider NPI Enrollment ☐ New Enrollment ☐ Changing Clearinghouse Request ERAs for ☐ Entire Tax ID ☐ Just this NPI Provider Contact Name Contact Phone Provider Contact Email
How and Where to Submit this Request.	**SUBMIT To- Practice Insight** *Paperless* LOG INTO EDIinsight® GO TO **[Search Tools]** → **[Enrollment]** ADD or LOCATE, then SELECT payer enrollment record CLICK **[SUBMIT Enrollment to PI]** COMPLETE Online form, CLICK **[SUBMIT Enrollment]** **FOR "CHANGE" REQUEST ONLY:** **ERA Authorization Letter (SEE template on next page.)** PRINT letter on letterhead, OBTAIN signature, ATTACH copy to the record. CLICK **[ATTACH File]** to attach copy of the letter to the enrollment record.
Estimated Time of Completion	**Allow 2-4 Weeks for ERA setup to be completed by the payer.**
Contact Info to Follow Up or Make Inquiries	Contact your EDI support vendor for assistance. Practice Insight Resellers or Support Vendors may contact Practice Insight Enrollment Department to check status of enrollment after 45 days.

Print this letter on provider's letterhead.
(This will not print.)

Date:

Please accept this as authorization for ERA delivery for this provider to be moved to Practice Insight GATE0044 for the payer, VA Community Care Network.

Provider Name:

Address:

City: State: Zip:

TIN:

NPI:

Contact Name:

Contact Telephone Number:

Contact Email:

Sincerely,

Printed Name of Person Signing

Printed Title of Person Signing